

CITY OF DUVALL

REQUEST FOR INSPECTION AND COPYING

Section One: to be completed by Requesting Party

1. Name: _____
2. Address: _____
3. Telephone #: _____
4. Records Requested: (supply as much identifying information as possible. Use additional sheet if required)

Fax or Mail completed form to:
 City of Duvall
 Attn: Jodee Schwinn
 PO Box 1300
 Duvall, WA 98019
 Fax: 425-788-8097

5. Is Copying Requested? Yes / No
6. If copying is requested, state the number of copies of each item that is desired. _____

I understand and agree that the City of Duvall will charge a fee \$0.15 per copy of copies assembled and made by the City's staff. Charges for copies of documents regularly requested or requiring special reproduction shall be in accordance with a fee schedule established by the City Clerk reflecting the amount necessary to reimburse the City for its actual costs. Payment is required before delivery. I agree that I will not use lists of individuals for commercial purposes (for profit) nor permit others to use said records for commercial purposes.

 Requesting Party

 Date

FOR OFFICIAL USE ONLY

Section Two: To be Completed by Custodian of the Relevant Records with City Attorney approval except for inspection and copying of minutes, ordinances, resolutions, application forms, information forms, and other public documents routinely provided.

Review Requested: _____ (date) Released without further review

Approval or Disapproval by City Attorney:

- a. Approved _____
- b. Partially or fully rejected, with notice of rejection mailed to applicant on the _____ day of _____, 20____ as required under RCW 42.17.

Number of Copies _____

Cost @ \$0.15 \$ _____

Other Records Costs \$ _____ Description: _____

TOTAL DUE \$ _____

 City Attorney

 Records Custodian

 Date

 Date